## PART B—ISSUE FEE TRANSMITTAL

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CURRENT CORRESTONDINGE ADDRESS (Note: Legibly mark-up with any corrections or use | Note: The certificate of mailing below can only be used for domestic time. Note: The certificate of mailing below can only be used for domestic untilings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or 08/25/2003 transmission. Certificate of Mailing or Transmission CONLEY ROSE, P.C. P O BOX 684908 I hereby certify that this Fee(s) Transmitted is being deposited with the United States Postal Service with sufficient postage for first class mult in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the AUSTIN TX 78768-4908 date indicated below. November 21, 2003 Date APPLICATION NO FILING DATE FIRST NAMES INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/022,759 12/13/2001 James S. McLean 5633-00100 2531

TITLE OF INVENTION: TRANSMISSION LINE CONDUCTOR FOR LOG-PERIODIC DIPOLE ARRAY

APPLN, TYPE	SMALL ENTITY	JSS	UE PRE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO				\$0.00	\$1,330.00	11/25/2003
EXAMINER	ART UNI	ART UNIT		CLASS-SUBCLASS			
Hoanganh T. Le	2821		343-792.500	343-792.500			
1. Change of correspondence address or Indication of "Fee Address" (37 CFR 1.363).  [ Change of correspondence address (or Change of Correspondence Address form PTO/NIV122) attached.  [ "Feo Address" indication (or "Fee Address" Indication form PTO/SM/47) attached. Use of a Cuytomer Number is required.			2. For printing on the parent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when as assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE: TDK RF Solutions (B) RESIDENCE (CITY & STATE OR COUNTRY): Cedar Park, TX							
Please check the appropriate assignce category indicated helow (will not be printed on the patent): 🔲 individual 🔯 corporation or other private group entity							
4a. The following fees are enclosed:  4b. Payment of Fee(s):							
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☑ Advance Order -# of Copies 4. ☐ The Commissioner if hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-2769/5633-00100* (enclose an extra copy of this form).							
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Reg.	in L. Daffer Nn. 34,146 11/21/03						
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